

WHEN RECORDED MAIL TO:

LaWanda Taylor, Successor Co-Trustee

Lynda Shaffer, Successor Co-Trustee

1340 DAWNS DRIVE  
Minden, NV 89423

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01903974DKD

APN No.: 1420-33-602-008

**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada }

County of Douglas }

LaWanda Taylor and Lynda Shaffer Successor Co-Trustees, being duly sworn, deposes and says:

1. Lillie Mae Allen, the decedent mentioned in attached copy of Certificate of Death, is the same person as Lillie M Allen named as one of the trustee(s) in that certain Grant Bargain Sale Deed dated March 10th 2000, executed by Clarence R Allen and Lillie M Allen, husband and wife as joint tenants to Clarence R allen and Lillie M Allen, trustees or successor trustees of the Allen Family Trust dated March 10<sup>th</sup> 2000, recorded on March 10<sup>th</sup> 2000 as instrument number 0487779, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, LaWanda Taylor and Lynda Shaffer Successor Co-Trustees, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: 8-19-19

LaWanda Taylor  
LaWanda Taylor, Successor Co-Trustee

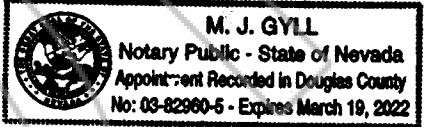
Lynda Leona Shaffer  
Lynda Shaffer, Successor Co-Trustee

STATE OF NEVADA } SS:  
COUNTY OF CARSON CITY

This instrument was acknowledged before me on 8.19.19

by LaWanda Taylor and Lynda Shaffer

M. J. Gyll  
NOTARY PUBLIC



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO. 4004278

**CERTIFICATE OF DEATH**

2018003025

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Lillie Mae ALLEN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 14, 2018</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or apt. No. If Hosp. or Inst. indicate DOA,OP, Emer. Rm. Inpatient(Specify) <b>1356 Downs Drive Home</b>		4. SEX <b>Female</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>95</b>	7b. UNDER 1 YEAR MO'S    DAYS    HOURS    MINS	7c. UNDER 1 DAY
9a. STATE OF BIRTH (If not US/CA, name country) <b>Oklahoma</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>7</b>	11. MARITAL STATUS (Specify) <b>Widowed</b>	
13. SOCIAL SECURITY NUMBER <b>0743</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Minden</b>	15d. STREET AND NUMBER <b>1356 Downs Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Edgar Lee HARTLESS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Clote Agnes FITZPATRICK</b>		
18a. INFORMANT- NAME (Type or Print) <b>Lynda SHAFFER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1356 Downs Drive Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD017</b>	20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry &amp; Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>		
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>NITA SCHWARTZ MD</b> <b>SIGNATURE AUTHENTICATED</b>			22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) <b>February 15, 2018</b>		21c. HOUR OF DEATH <b>05:35</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>					23b. LICENSE NUMBER <b>9114</b>
24a. REGISTRAR (Signature) <b>MELISSA KNIGHT</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 15, 2018</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>End Stage Renal Disease</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Hypertensive Chronic Kidney Disease</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Hypertension</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					26. AUTOPSY (Specify Yes or No) <b>No</b>
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED		
28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No.	CITY OR TOWN	STATE

STATE REGISTRAR

VRS-Rev-20120823a



CERTIFIED COPY OF VITAL RECORDS

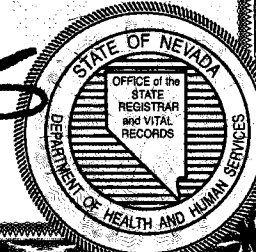
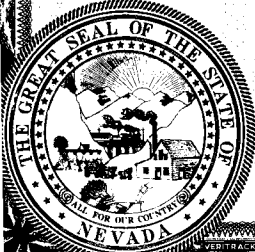
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

**MAR 3 0 2018**

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



**EXHIBIT A  
LEGAL DESCRIPTION**

**Escrow No.01903974 DKD**

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

That certain parcel of land situated in the Southeast 1/4 of the Northeast 1/4 of Section 33, Township 14 North, Range 20 East, M.D.B.&M., Douglas County, Nevada, and being more particularly described as follows:

Parcel 3, as set forth on that certain Parcel Map for Clarence R. and Lillie M. Allen, recorded April 1, 1993, in Book 193, Page 105, as Document No. 303567, Official Records of Douglas County, State of Nevada.

APN: 1420-33-602-008

